



City of **Norfolk**

APPLICATION ADULT USE SPECIAL EXCEPTION ALCOHOLIC BEVERAGES FOR OFF-PREMISES CONSUMPTION

Date of Application: _____

DESCRIPTION OF PROPERTY

Property location: (Street Number) _____ (Street Name) _____

Existing Use of Property _____

Current Building Square Footage _____

Proposed Use _____

Proposed Building Square Footage _____

Trade Name of Business (If applicable) _____

APPLICANT/ PROPERTY OWNER

1. Name of applicant: (Last) _____ (First) _____ (MI) _____

Mailing address of applicant (Street/P.O. Box): _____

(City) _____ (State) _____ (Zip Code) _____

Daytime telephone number of applicant () _____ Fax number () _____

E-mail address of applicant: _____

2. Name of property owner: (Last) _____ (First) _____ (MI) _____ (

Mailing address of property owner (Street/P.O. box): _____

(City) _____ (State) _____ (Zip Code) _____

Daytime telephone number of owner () _____ Fax number () _____

DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT

810 Union Street, Room 508

Norfolk, Virginia 23510

Telephone (757) 664-4752 Fax (757) 441-1569

CIVIC LEAGUE INFORMATION

Civic League contact: _____

Date(s) contacted: _____

Ward/Super Ward information: _____

REQUIRED ATTACHMENTS:

- ✓ Check for \$265.00 made payable to: Norfolk City Treasurer.
- ✓ 2 8½x14 copies of a survey or site plan drawn to scale showing
 - All existing and proposed structures,
 - Driveways,
 - Parking,
 - Landscaping,
 - Property lines (see attached example).
- ✓ 2 8½x14 copies of a floor plan drawn to scale showing where cold and/or hot alcoholic beverages will be sold. (see attached example).
- ✓ Completed Exhibit A, Description of Operations.
- ✓ Please provide a brief description of the business (i.e., # of employees, current locations, type of restaurant, etc...).

CERTIFICATION:

I hereby submit this complete application and certify the information contained herein is true and accurate to the best of my knowledge:

SIGNED:

_____/_____/_____
(Property owner or authorized agent signature) (Date)

SIGNED:

_____/_____/_____
(Applicant signature) (Date)

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EXHIBIT "A"
Description of Operations
Off-Premises Sale of Alcoholic Beverage

Date of Application: _____

Name of business: _____

Address of business: _____

Name(s) of business owner(s)*: _____

Name(s) of property owner(s)*: _____

Name(s) of business manager(s)/operator(s): _____

Daytime telephone number (): _____

*If business or property owner is a corporation or LLC, then all partners must be individually listed.

1. Proposed Hours of Operation:

<u>Facility</u>		<u>Alcoholic Beverage Sales</u>	
Weekday	From _____ To _____	Weekday	From _____ To _____
Friday	From _____ To _____	Friday	From _____ To _____
Saturday	From _____ To _____	Saturday	From _____ To _____
Sunday	From _____ To _____	Sunday	From _____ To _____

2. Type of alcoholic beverage applied for:

☐ Beer ☐ Wine ☐ Mixed Beverage

3. Alcoholic beverages to be sold:

☐ Room temperature ☐ Refrigerated

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4. As a general rule, the City does not approve selling beer in a single-sized serving container or selling wine in a bottle that is less than 375 milliliters. If you are seeking approval to sell servings that do not meet these criteria, please explain your justification as well as indicate what sizes you would sell:

Signature of applicant/owner